

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		07/19/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	45	7/24
FORMALITY REVIEW	CM	71632	9/8/00
RESPONSE FORMALITY REVIEW		71632	10/18/00

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	10-10-01	
2	2	6-26-03	
3	3	"	
4	4	"	
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6	6	"	
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